**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**　RECEIVED **A Public Document**

## 1. Agency Name
City of San Jose

**Division, Department, or Region** *(if applicable)*
Council District 7

**Designated Agency Contact** *(Name, Title)*
Andres Quintero

**Area Code/Phone Number** | **E-mail**
(408) 535-4902 | andres.quintero @ sanjose.ca.gov

State Date Stamp　San Jose City

2019 MAY 15 AM 9: 44　OTCCA

| California Form | **802** |

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____
*(month, day, year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐　Face Value of Each Ticket/Pass $ 164⁰⁰

Event Description: Stars On Ice　Date(s) 5 / 12 / 19　____ / ____ / ____
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒　If no: San Jose Arena Authority
*Name of Source*

Was ticket distribution made at the behest Yes ☐ No ☒　If yes: _____
of agency official?　*Official's Name (Last, First)*

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| **A.** Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|---|---|
| | | |
| | | |

| **B.** Name of Individual *(Last, First)* | Number of Ticket(s)/ Passes | Identify one of the following: |
|---|---|---|
| | | Ceremonial Role ☐　Other ☐　Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:* |
| | | Ceremonial Role ☐　Other ☐　Income ☐<br>*If checking "Ceremonial Role" or "Other" describe below:* |

| **C.** Name of Outside Organization *(include address and description)* | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|---|---|
| Conxion To Community | 24 | Recognition |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____　Maya Esparza　Councilmember　5/14/19
Signature of Agency Head or Designee | Print Name | Title | *(month, day, year)*

Comment: _____